

NVLAP ON-SITE ASSESSMENT SUMMARY

Please complete this summary and attach it to the original On-Site Assessment Report.
DO NOT LEAVE THIS SUMMARY WITH THE LABORATORY.

Laboratory Name _____ Lab Code _____

Fields of Accreditation _____

Assessor Name(s) _____

Date of **Pre-assessment** Review of Quality Manual _____

Date(s) of On-Site Assessment _____

This report contains changes to the laboratory's Scope of Accreditation: ☐ additions;
☐ deletions; ☐ modifications. (Please describe in the On-Site Narrative Summary.)

SUMMARY AND RECOMMENDATIONS:

- ☐ The laboratory has no deficiencies and no written response to NVLAP is required.
- ☐ The laboratory has deficiencies in the following area(s). I have notified the laboratory of these deficiencies and the requirement to respond to NVLAP in writing about their resolution.

- | 4 Management requirements | 5 Technical requirements |
|---|---|
| <input type="checkbox"/> 4.1 Organization | <input type="checkbox"/> 5.1 General |
| <input type="checkbox"/> 4.2 Quality system | <input type="checkbox"/> 5.2 Personnel |
| <input type="checkbox"/> 4.3 Document control | <input type="checkbox"/> 5.3 Accommodation and environmental conditions |
| <input type="checkbox"/> 4.4 Review of requests, tenders and contracts | <input type="checkbox"/> 5.4 Test and calibration methods and method validation |
| <input type="checkbox"/> 4.5 Subcontracting of tests and calibrations | <input type="checkbox"/> 5.5 Equipment |
| <input type="checkbox"/> 4.6 Purchasing services and supplies | <input type="checkbox"/> 5.6 Measurement traceability |
| <input type="checkbox"/> 4.7 Service to the client | <input type="checkbox"/> 5.7 Sampling |
| <input type="checkbox"/> 4.8 Complaints | <input type="checkbox"/> 5.8 Handling of test and calibration items |
| <input type="checkbox"/> 4.9 Control of nonconforming testing and/or calibration work | <input type="checkbox"/> 5.9 Assuring the quality of test and calibration results |
| <input type="checkbox"/> 4.10 Corrective action | <input type="checkbox"/> 5.10 Reporting the results |
| <input type="checkbox"/> 4.11 Preventive action | |
| <input type="checkbox"/> 4.12 Control of records | <input type="checkbox"/> Annex A. Referencing accreditation |
| <input type="checkbox"/> 4.13 Internal audits | <input type="checkbox"/> Annex B. Traceability policy |
| <input type="checkbox"/> 4.14 Management reviews | <input type="checkbox"/> Other (Specify) _____ |

- ☐ Based on my findings regarding deficiencies, staff competence, and laboratory procedures, I recommend that another on-site assessment be performed before this laboratory is granted accreditation.

Signature of Lead Assessor

Date